

**CITY OF MILWAUKEE - OFFICE OF THE COMPTROLLER
PAYROLL STATEMENT MESSAGE**

Date: Xx/xx/xxxx

Pay Date: **Xx/xx/xxxx**

For Pay Period: _____ **XX**

Message Originated By: XX

XX

Department Name

XX

Print/Type Department Head

Comptroller Approval:

Name of Preparer

XX

Phone Number

Signature

Date _____

[illegible]

Messages pertaining to employee pay will be given top priority. Any other messages are restricted to recruiting for city positions or those of a health or safety advisory nature. All requests MUST be signed by the department head or her/his alternate.

INSTRUCTIONS:

All messages are limited to a maximum of four lines with spaces as indicated above. Multiple requests for the same date will be processed on a first come / first served basis. We reserve the right to edit the text to fit the message format and/or space available.

This signed and dated request must be submitted to the Office of the Comptroller, Payroll Administration Division, City Hall, Room 404 no later than ten working days prior to the pay date. Any questions call Jo Ann Nelson at 2320 or Joann Bielinski at 2967.